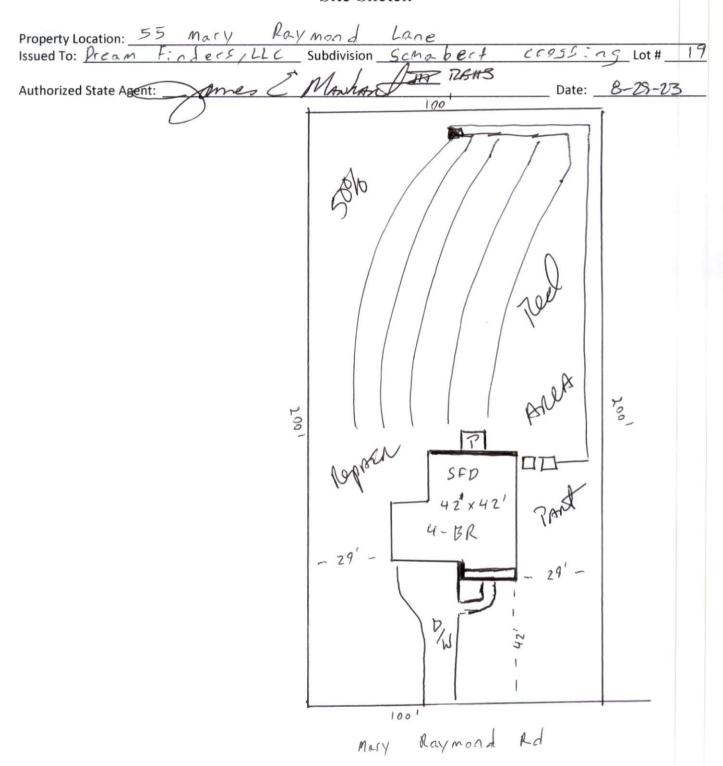
Harnett County Department of Public Health

SR, NC 82

Improvement Permit

A	building permit cannot be issued with only an impr	Macy Payana Lane	
ISSUED TO: Dream Finders, L	SURDIVISION Scha	hect cossins in	# 19
NEW REPAIR EXPANSION	Gite Improven	nents required prior to Construction Authorization Issuand	re:
NEW REPAIR LEXPANSION Type of Structure: SFD 42 × 43	?	nents required prior to construction radiorization issuant	
Proposed Wastewater System Type: 25% Reight	ine		
Projected Daily Flow: 480 GPD			
Number of bedrooms: 4 Number of Occupa	nts: 8 max		
Basement Yes No			
Pump Required: Yes No May be required:	ed based on final location and elevations of facilities	es	
Type of Water Supply: Community Public	Well Distance from well	feet Permit valid for: Five y	years
Permit conditions:		No ex	piration
	11/1 1 ATT PEHS		
Authorized State Agent:	4111	9-23 SEE ATTACHED SITE SI	KETCH
The issuance of this permit by the flealth Department in no way guaran			
site is subject to revocation if the site plan, plat, or the intended use ch			
the Laws and Rules for Sewage Treatment and Disposal and to condition	of this permit		
	C A . I		
	Construction Authorization	<u>on</u> .	
	(Required for Building Permit)		
The construction and installation requirements of Rules .1950, .1952, .19	54, .1955, .1956, .1957, .1958. and .1959 are incorporated by	references into this permit and shall be met. Systems shall be installed	d in accordance
with the attached system layout.			
Facility Type: SFD 42 x 42	_ L C _ PROPERTY LOCATION:	55 Mary Knymond	Lane
1	SUBDIVISION SCH	abert Crossing LOT:	# 19
Facility Type: SFD 42 X 42	New Expansion	Repair	
Basement? Yes No Basement Fixt	ures? Yes Tho		
Type of Wastewater System** 25% 7750	URIAN System	(Initial) Wastewater Flow: 480	GPD
(See note below, if applicable)		(initial) Wasterface From	- 0.0
Solo TO G	ASUGTION (PPBS) (Repair)		
Installation Requirements/Conditions	Number of trenches 5		
	Exact length of each trench	_feet Trench Spacing: Feet on Ce	nter
Septic Tank Size / 000 gallons		/	nter
Pump Tank Size 1000 gallons	Trenches shall be installed on contour at a		
		inches (Maximum soil cover shall not exceed	
	(Trench bottoms shall be level to +/-1/4"	36" above the trench bottom)	
	in all directions)	/	
Pump Requirements:ft. TDH vs	GPM	inche	
		Aggregate Depth: 2 inche	es above pipe inches total
Conditions:		_/	inches total
WATER LINES (INCLUDING IRRIGATION) MUST B	E 10FT. FROM ANY PART OF SEPTIC SYSTE	M OR REPAIR AREA.	
NO UTILITIES ALLOWED IN INITIAL OR REPAIR D	RAIN FIELD AREA.		
**If applicable: I understand the system type specified	is different from the type specified on the an	plication I accent the specifications of this permit	
ii applicable. I understand the system type specified	is unlevent nom the type specified on the app	pication. I accept the specifications of this perimit.	
Owner/Legal Representative Signature:		Date:	
This Construction Authorization is subject to revocation if the site plan, p	iat or the intended use changes. The Construction Authorization		site. This
Construction Authorization is subject to compliance with the provisions of		CEE ATTACHED O	
	n/ / JAN PRINS	· · · · · · · · · · · · · · · · · · ·	
Authorized State Agent: Times	Markant	Date: 4-19-23	
AUTHORIZED STATE APERIL.	Construction Authorization Funda	Date: $8-23-23$ ration Date: $8-23-28$	
	construction Authorization Expir	ation vate:	

Harnett County Department of Public Health Site Sketch



This drawing is for illustrative purposes only. System installation must meet all pertinent laws, rules, and regulations.